

Combat lifesaver, hands on

By: Pfc. Lalita Laksbergs
139th Mobile Public Affairs Detachment
The Illinois Guardian – Spring 2008

SPRINGFIELD, Illinois – Tension pneumothorax. Needle chest decompression. Saline lock. Nasopharyngeal airway. Sucking chest wound. Femoral artery.

The constant barrage of medical terminology and graphic photos did not deflect the important life-saving information taught to the National Guard Soldiers who attended the Combat Lifesaver (CLS) course at Camp Lincoln on Feb. 23 to 24. Although the CLS course is not mandatory training, it can be worthwhile since more than 70 percent of combat-related deaths are preventable, according to Sgt. 1st Class Nancy Tieber-Wiles, an instructor for CLS.

Soldiers are taught how to perform basic and advanced first aid to help reduce the number of combat-related deaths. With enemy tactics evolving, Soldier readiness and training has to be on the cutting edge.

“The doctrine is always changing,” said Staff Sgt. Stephen J. Fletcher, a member of the 129th Regiment based in Springfield, Ill.

Fletcher, a 21-year veteran of the Illinois Army National Guard, was trained in advanced combat lifesaver skills prior to deployment to Iraq in May 2005.

“It is worthwhile to retrain,” said Fletcher. “You learn something new each time.”

Fletcher participated in most classroom discussions and added his personal insight based on both his prior CLS training and combat experience of rendering first aid to those in need.

“It’s good training,” said Staff Sgt. Reginald N. Walton, a member of the 129th Regiment.

Walton, who attended a CLS training course last year, said he saw a difference in the course training from last year.

“There are changes I noticed from last year’s training,” said Walton. “There are new techniques in the training.”

Students participated in many hands-on demonstrations of lifesaving methods. Several dummies were used so students could practice class instructions in three areas: proper methods of opening and managing a casualty’s airway; treatment of penetrating chest trauma; needle chest decompression.

Additionally, CLS students were tested while rendering first aid to each other to control bleeding and medically evacuating the casualty.

As sections were completed, each student was required to test and pass the hands-on performance examination. The final section of instruction focused on initiating a saline lock and intravenous (IV) infusion. In order to become CLS qualified, Soldiers were required to successfully initiate an IV.

All students practiced proper infusion techniques on dummy arms and hands so that each student would be better able to safely and effectively initiate an IV on other students.

All students were successful in receiving and administering an IV and were awarded certificates of completion at the end of the final day of training.

Tieber-Wiles reiterated to the students that CLS-qualified Soldiers are not medics. A Soldier's primary mission is to conduct his or her job first and first aid second, she said.

However, qualified Soldiers help reduce the amount of combat-related deaths by administering life-saving treatment until either medics arrive on the scene or the patient is evacuated to a treatment facility.

The goal of having more CLS qualified Soldiers is to ultimately reduce the percent of combat-related deaths and help save the lives of military personnel, local nationals and others in need.